

## 07-31-07

AMEN	IDMENT T	[RANSMI	TTAL LE	TTE	R		cket No. 05/006001	
Application No.		Filing Date			Examiner		Art Unit	
10/551,497-Conf. #4614		September 29, 2005 E. G.		E. G. Stoica		1647		
Applicant(s): Yası	uhiko Tabata e	et al.						
nvention: CARDI	OMYOPATHY	THERAPEUT	IC AGENT					
Transmitted here		THE COMMI						
The fee has been								
		CLAIM	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	8	- 20 =	0	х	25.00		0.00	
Independent Claims	1	- 3 =	0	x	100.00	3.	0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	e)					
Other fee (please specify): Statutory Disclaimer						65.00		
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:				65.00	
Please charge A duplicate of A check in the X Payment by X The Director as described	is hereby auth	eet is enclosed orm PTO-2038	in to cover is attached.	the fili	mount of \$ _ ng fee is enclosit Account No		0591	
	iny additional fili		n processing	fees re	quired under 3	7 CFR 1.1	6 and 1.17.	
Jonathan P. Os Attorney/Agent		SCHERER			Dated:	July 30,	2007	
OSHA · LIANG 1221 McKinney Houston, Texas (713) 228-8600	St., Suite 2806 77010	0						

PTO/SB/17 (07-07)
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FEE TRANSMITTAL FOR FY 2007    X   Application Number   10/551.437-Conf. #4614	Effective on 12/08/	Complete if Known					
FIGURE 1.20  FOR FY 2007    Examiner Name   E. G. Stoica	Fees pursuant to the Consolidated Approp	Application Nur	Application Number 10		10/551,497-Conf. #4614		
Examiner Name   E. G. Stoica	FEE TRANS	Filing Date	Filing Date Septe		eptember 29, 2005		
X   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1647	For FV 20	-		Yasuhiko Tabata			
METHOD OF PAYMENT (check all that apply)	1011120	101	Examiner Name	Examiner Name E		E. G. Stoica	
METHOD OF PAYMENT (check all that apply)	X Applicant claims small entity stat	us. See 37 CFR 1.27	Art Unit	Art Unit 1			
Check X Credit Card Money Order None Other (please identify):    X   Deposit Account   Deposit Account Number:   SO-0591   Deposit Account Name:   Osha Liang LLP	TOTAL AMOUNT OF PAYMENT	(\$) 65.00	Attorney Docket	No.	17195/006001		
X   Deposit Account   Deposit Account Number   SO-0591   Deposit Account Name:   Osha Liang LLP	METHOD OF PAYMENT (check	all that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of  Credit any overpayments  Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity  Fee (\$) Fe	Check X Credit Card	Check X Credit Card Money Order None Other (please identify):					
Charge fee(s) indicated below	X Deposit Account Deposit Account	Number: 50-0591	Deposit	Account Nam	ne: Osha	· Liang LL	<u>-P</u>
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credi	For the above-identified depo	sit account, the Directo	is hereby authorize	ed to: (che	eck all that apply)		
Fee   Sunder 37 CFR 1.16 and 1.17	Charge fee(s) indicated	l below	Charg	ge fee(s) in	ndicated below, ex	cept for th	e filing fee
SEARCH   FEES   STABLE   FILING   FEES   Small   Entity   Fee (\$)   Fee (\$			of x Credit	any overp	payments		
Pick   Fee   S	FEE CALCULATION						
Mapplication Type							
Part	FI						
Design	Application Type Fee (\$					Fees P	'aid (\$)
Plant	Utility 300	150 50	0 250	200	100		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design 200	100 10	0 50	130	65		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant 200	100 30	0 150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each claim over 30 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Indep. Claims  Fee (\$)  Indep. Claims	Reissue 300	150 50	0 250	600	300		
Fee   S   Fee   S   Fee   S   Fee   S	Provisional 200	100	0 0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Indep. Claim	2. EXCESS CLAIM FEES						Small Entity
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Sextra Claims  Extra Claims  Bee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Ind	·						<u>Fee (\$)</u>
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  1		•					
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  8 -20 =	-	iding Reissues)	•				
Registration No.   Submitted by Signature   Signatur						180	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims			e Paid (\$)				
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1	<del></del>			<u>r</u>	<u>ea (\$)</u> <u>r</u>	ee raiu (\$	1
1 -3 = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x = //4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600		-	e Paid (\$)				_
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of independent claims paid for, if greater than 3.						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =  4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    -100 =   /50 =   (round up to a whole number) x   =	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
-100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Signature #45,079 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY Signature #45,079 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600							
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Signature # 45,079 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	4. OTHER FEE(S) Fees Paid (\$)						
SUBMITTED BY   Signature   # 45,079   Registration No. (Attorney/Agent)   33,986   Telephone   (713) 228-8600							
Signature # 45,079 Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600	Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00						
15, 8 7 (Attorney/Agent) 33,366 (713) 228-8600	SUBMITTED BY						
Name (Print/Type Jonathan P. Osha TELONAS SCHEDER Date July 30, 2007	Signature #	<u> </u>	(Attorney/Agent)	33,986	Telephone	(713) 228	3-8600
	Name (Print/Type: Jonathan P. Osha	THORAGS SCI	15PER		Date	July 30,	2007



Application No. (if known): 10/551,497

Attorney Docket No.: 17195/006001

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on	July 30, 2007		
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Herri Souch	_		
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Yuki Tsuk	uda		
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Amendment Transmittal (1 page)
Reply Under 37 CFR § 1.111 (11 pages)

Fee Transmittal (1 page)

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Over A Pending "Reference" Application (2 pages)

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